FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

98 DEC 14 AMII: 49

	A9400001424						
SYLVAN WEST PARTNERSHIP, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
3030 HARTLEY ROAD. SUITE 100	TE 100 3030 HARTLEY ROAD. SUITE 100 JACKSONVILLE FL 32257			10/24/1994	\$549,450.00		
JACKSONVILLE FL 32257				3a. Date of Last Report			
				11/24/1997 5b. Amount of Capital Contributions in F		int of Capital	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:			
				_ FL	\$54	19,450.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number		Applied For	
City & State	City & State	City & State		59-3296438	Not Applicable		
Zip Country	Zip	ip Country		7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	8. Make check payable to: Dept. of State (See reverse side						
9 Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
FARRELL, MARK T		Name					
		Street Address (P.O. Box Number is Not Acceptable)					ļ
	CKSONVILLE FL 32257		Suite, Apt. #, etc.				
JACKSONVILLE FL 32257							ł
			FL FL				ĺ
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations	gistered agent, or both, in the State of Flori	ed limited partne ida. Such chang	ership organi ge was autho	zed or registered under the laws of the rized by its general partner(s). I hereby	State of Florid accept the ap	a, submits this statement pointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)				DATE_			İ
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	15 .	11b.	City, State & Zip Code	11c.	Registration/ Document Number	ĺ
SYLVAN WEST, INC.		3030 HARTLEY ROAD, SU		JACKSONVILLE FL 32257		P94000077722	
			i	2000027 -12/24/5 ****52	226 8-011 6.25	420 01024 ****\$26.25	CRO
			<u> </u>				
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee							

SI	CN	ΙΔΤΙ	1IQI

DATE December 11, 1998

Mark T. Farrell Typed or Printed Name of General Partner Signing Form

(904)260-3030 Daytime Telephone Number